

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90003 017 \*\*\*150.00

DOCUMENT # **P97000028834**

1. Entity Name

**3514 SO. OCEAN DRIVE, INC.**

Principal Place of Business

Mailing Address

**% ATLANTIA HOLDINGS**  
**910 SE 17TH ST., STE 300**  
**FORT LAUDERDALE FL 33316**

**% ATLANTIA HOLDINGS**  
**910 SE 17TH ST., STE 300**  
**FORT LAUDERDALE FL 33316**



2. Principal Place of Business

3. Mailing Address

**C/o Atlantia Holdings**  
**645 E. Dania Beach Blvd.**  
**Dania Beach, FL 33004**

**C/o Atlantia Holdings**  
**645 E. Dania Beach Blvd.**  
**Dania Beach, FL 33004**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0741272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKBURN, ACE J JR**  
**COONEY, MATTSO, LANCE, BLACKBURN, RICHARD**  
**2312 WILTON DR.**  
**FT. LAUDERDALE FL 33305**

Name

Street Address

City

**John Watson, Esq.**  
**Cooney Mattson et al**  
**2312 Wilton Drive**  
**Fort Lauderdale, FL 33305**

State

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**ACE J. BLACKBURN, JR. ESQ.**

**2/13/02**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, WILLIAM A</b>	
STREET ADDRESS	<b>910 SE 17TH ST., STE 300</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FARRELL, JAMES B</b>	
STREET ADDRESS	<b>910 SE 17TH ST., STE 300</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

P/D	<input checked="" type="checkbox"/> Addition
NAME	<b>A. Blackburn, Jr.</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
S/D	<input checked="" type="checkbox"/> Addition
NAME	<b>C. Economou</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
D	<input checked="" type="checkbox"/> Addition
NAME	<b>J. Wagner</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
D	<input checked="" type="checkbox"/> Addition
NAME	<b>G. Morfidis</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
D	<input type="checkbox"/> Addition
NAME	<b>P. Bartsocas</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>663 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ACE J. BLACKBURN, JR. ESQ.**

**2-13-02**